PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

		Effect		1	06		() /	,							
CLAIMS AS FILED - PART I (Column 1)						ımn 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS			15				RAT	Έ	FEE		RATE	FEE			
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	375.00	OR	Basic Fee	750.00			
TOTAL CHARGEABLE CLAIMS			/ minus 20=		* D		X\$)=		OR	X\$18=				
INDEPENDENT CLAIMS			# minus 3 =		*/		X4:	=		OR	X84=				
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				+14)=		OR	+280=				
* If the difference in column 1 is less than zero, enter "0" in column 2						TOT	AL		OR	TOTAL					
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMA	LL	ENTITY	OR	OTHER SMALL				
AMENDMENT'A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PRÉVIC PAID	BER DUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
	Total	*	Minus	**		=	X\$.)=		OR	X\$18≃				
	Independent	* NTATION OF M	Minus	***	CLAUA	=	X42	=		OR	X84=				
	FINOT PRESE	INTATION OF IM	JUIPLE DE	PENDENT	CLAIM	<u></u>	+14)=		OR	+280=				
										OR	TOTAL ADDIT. FEE				
	(Column 1) (Colum				nn 2)	(Column 3)	ADDIT.	ree (L	i	ADDIT. FEET				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=				
	Independent	* NTATION OF M	Minus	***	CÍ AIM	<u> </u>	X42	=		OR	X84=				
<u> </u>	THO THE OL	TATATION OF MI	JEIN EL DE	LINDCIVI	OLAN		+146)=		OR	+280=	ige G			
	• • • • • • • • • • • • • • • • • • •				-		TC ADDIT.	TAL FEE		OR	TOTAL ADDIT. FEE				
	المرادر مرادر المرادر موسور المارا	(Column 1)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=				
	Independent	*	Minus	***	- 01 444	=	X42	=		OR	X84=				
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							=		OR	+280=				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT 555										00	TOTAL				
ASA.	If the "Highest Nu	mber Previously Pr	aid For" IN TH	**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											